PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			144					RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			144 min	us 20=	* 1.	24		X\$ 9=	1116	OR	X\$18=		
IND	EPENDENT CL	AIMS	3 mi	nus 3 =	* t	>		X43=		OR	X86=		
MU	ILTIPLE DEPEN	IDENT CLAIM PI	RESENT					+145=		OR	+290=		
* If	the difference	in column 1₌is	ess than zero, enter "0" in co			column 2		TOTAL	1501	OR	TOTAL		
CLAIMS AS AMENDED - PART II								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
(Column 1				(Colun		(Column 3) SMAL							
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*.	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		-		X43=		OR	X86=		
	FIRST PRESE	NTATION OF MU	JETIPLE DEF	ENDENT	CLAIM		ا ا	+145=		OR	+290=		
		L	TOTAL		OR	TOTAL							
		ADDIT. FEEOH ADDIT. FEE											
		(Column 1)		(Colur		(Column 3)	, _						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	0.404	=		X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													
		CLAIMS	l	HIGH		T	1 г		ADDI	1		4001	
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=]	X43=		O.D.	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						!	7.13-		OR			
	# If the entry in column 1 is less than the entry in column 2, write "0" in column 2									OR	+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE													
		mber Previously Pa ber Previously Pai					er foui	nd in the app	ropriate box	in col	umr⊬1.		